ST. BARTHOLOMEW'S

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NOTES ON THE WHITE PAPER

Although the Government welcome constructive criticism of the famous White Paper[1], it is a task outside our ability and our space to attempt a comprehensive criticism of it here. That would be tantamount to producing a better alternative to this wide and interlocking scheme that has already devoured so much time and brain-power in its preparation. For this defect we make no apology in view of the performance of the medical M.P.s in the recent debate, who frittered away their opportunity effectively to criticise the scheme. The following are simply some notes on parts of the White Paper, offered as food for argument, for which our correspondence columns yawn hopefully.

Scope of the Scheme

The White Paper trips lightly to avoid stepping on anyone's toes, especially those of the medical profession, with the result that it is in parts too indefinite for solid argument. The scheme is tremendous in its scope, and we must bear in mind that it may have to be imposed on a vast post-war social change, including not only such things as the "Beveridge Plan," but possible political changes of which a few straws have been flying in a very high wind during the war years. At the same time we must not let our ideals run away with our common sense. We must face that we are not yet ready for the idea of "positive health"[2] which is not fostered in the White Paper, where its inclusion would be unpracticable anyway. But the scheme calls for an alteration of many of our present ideas and deficiences right through the scope of medicine, the extent of which the Government's remarks on mental disease[3] are an example. It is good to note the admission of the importance of environment in health[4], but ideal environmental conditions are only obtainable in a relative Utopia.

Any scheme of medical practice must have two fundamental aims—firstly, the patient, that he shall have the best treatment available; and secondly, the doctor, that the best treatment possible shall be meted out to him. It must provide a *via media* between the patient's and the doctor's interests, acceptable to both. Both need equal consideration, for either a dissatisfied doctor or a dissatisfied patient means less effective medicine. We agree that organisation is to some extent necessary in such a vital profession as medicine[5], though it is unfortunate it has not sprung from endoginous rather than exoginous sources. And the Government cannot really consider such a specialised and proud profession, in which the human element figures so powerfully, along with other "essential facilities" such as roads and water supplies.[6]

Form of the New Service

The position at the moment is that the poor and the rich have adequate treatment comfortably within their financial grasp.[7] The advantages of being rich under this arrangement are more comfort, no being "taught upon," no waiting for appointments, possibly more consideration and politeness from the doctor, and no loss of social prestige. The sufferers from the present scheme of things are the large and increasing middle classes, who are unable and unwilling to be ill the poor way, and for whom illness is a first-class financial problem. Now assuming the Government scheme were adopted, what would be: The standard of man entering the new service? His attitude to his patients? Their comfort when ill? Their social standing? And how many men would remain to carry on an effective private practice

should patients wish to be ill "privately"?[8] If people are able to be ill as safely, as comfortably, and without losing social face, under the new scheme, for which they have to pay anyway, they will avail themselves of it. If the new service simply develops into an extended panel they will shy off, and the plan will become ineffective in its essential part.

Administration

The administration of the Government scheme probably causes more forebodings among the medical profession that any other aspect of it. The White Paper states emphatically that organisation must be only a means to an end[9], but organisation as understood in many government and county council hospitals—and as exemplified in any government department—is not at all popular with medical men. In these cases organisation has become the ruler of medicine, although it need not always be so. For instance, Bart.'s is a well-organised hospital, but in our case organisation has become the servant of the doctor.

The proposed administration is, briefly, at the centre[10] the Minister, and at his side the Central Health Services Council, an all-professional advisory body, though it can offer its advice unasked. Below him, the Central Medical Board, executive in capacity, the "employer" (in the Government's reassuring inverted commas) of the doctors, and mainly professional. The personnel of both bodies are to be appointed by the Minister[11]. We are entitled to ask what type of man will be appointed to each board. We are pretty safe in assuming that places would be found in this administrative framework for our well-known, distinguished clinicians. Would they be members of the advisory council, or part-time members of the executive board? If the advisory council, as it appears from the tone of the White Paper, is envisaged as a fund of our medical brains, will the executive doctors be men who have held executive posts most of their lives, and become divorced from bedside medicine? We are also entitled to know what control the Treasury will be able to exert over the scheme, the indirect influence of which on many public undertakings has frequently been criticised from the floor of the House. We should look for some safeguard against a possible tightening of Government control on the medical profession in the future, however light and benevolent it appears at the moment. Actually, the Central Medical Board has been given considerable powers, apart from holding the purse-strings in its fingers. It can decide the number of patients a doctor can take on[12], the distribution of doctors[13], the allotment of assistantships[14], and the sale of practices[15]. Although the Board can ask the advice of the Council on these matters, it is not obliged to take it. The Board will also hear the "complaints by patients."[16] Does this mean the unfortunate doctor will suffer from the supposed grievances that are now ineffective apart from, at the most, losing him a patient?

The local organisation[17] is on the same pattern as the central. The executive in this case is to be composed entirely of laymen, with a professional advisory council[18], and intrusion of the Central Medical Board over the appointment of doctors to Health Centres[19] The essential difficulty here is where the doctor's responsibility to the board ends and to the local authority begins, while there seems to be an opening for local politics and local interests to worm their way into the scheme.

Dr. Bourne's argument[20]—the man that pays the medical piper must listen to whatever tune he gets—will not cut much ice with a State used to thinking that "payment for" means "control by." The more control of the scheme by the practicing doctors working under it the better. If the organising control becomes obnoxious and hampering, no doctor will work under the scheme.

Consultants

The Government's aim to produce more consultants and to obtain a more even distribution of them through the country[21] is a most praiseworthy one, but at the moment many consultants seem to take the view that their numbers are not enough to give any real effectiveness to the plan. The position will certainly not be improved in those post-war years when the Government scheme should be getting under way, owing to the large numbers of able young men that have been doing non-specialised work in the forces. The White Paper's reference to the training of consultants[22] is encouraging. The number of brilliant brains available to reach consultant status, as we understand it today, is a factor beyond the control of any planning agency. The most the Government can do to produce a higher number of consultants lies in the provision of more opportunities and higher salaries for recently qualified men; the financial difficulties besetting a newly-qualified doctor with the necessary talent have lost many recruits to the consultant ranks in the past.

As for the work of consultants, the time taken previously by their private practices is to be divided between their duties at the central hospitals, the outlying "general practitioner"

hospitals, the Health Centres and in the patient's homes. The question of their remuneration remains indefinite[23], but it will have to be generous in order to attract specialists to the new service, especially as they will possibly be required to work away from London[24]. In fact, the whole scheme must be financially attractive to obtain the best type of doctor, and there must be no possibility of drastic cuts in pay during times of national poverty, along with that of other " government servants."

Students

Hardly any mention is made in the White Paper of students or teaching. This is a sad omission, despite the Government's excuse of waiting for the report of the Goodenough Committee.[25] It gives the impression that the Government's interest in medical personnel only starts at qualification. If the state financially aids the newly-qualified man along the path to specilisation, it is only logical that it should give help in this respect before he takes his diploma. At the moment the grants and scholarships available to medical students are miserably small, and only obtainable by the most brilliant. One has the suspicion that the Government has overlooked the time, work, and money outlayed by the average student during his training, while the payment of his fees and upkeep by his parents puts the stamp of " private " on medicine from the word go. Some fundamental changes in the financial side of medical education are called for to keep it in line with the rest of the Government scheme.

Medical education needs some reorganisation itself, but that is another problem. As for medical research, it is most disappointing that the White Paper contains no reference to increased financial aid in this direction.[26]

General Practice

At the moment the doctor is his own master, and his advancement is entirely in his own hands. This he would lose under the new scheme. What should he stand to gain? It should be freedom from financial worries during and after his professional life, security, opportunity for steady advancement, good equipment provided free, convenience, with time off for holiday and study, and relief from any secretarial and accessory duties. We frankly admit we are in no position to offer criticism of this part of the White Paper. That must come from men who have experienced general practice themselves. We simply append a few marginal notes :—

(i) Group Practice.[27] Scheme or no scheme, this seems an ideal method of practice in these days of increased and increasing specialisation. Before the war grouped practice was becoming more widespread in this country, while in the United States the idea has enjoyed a longer and wider popularity. The importance of team-work in medicine is frequently stressed by teachers, and a grouped practice with each man concentrating on his pet subject—not necessarily with a specialist's degree—the whole backed with easily obtainable consultant and special services would form a powerful weapon to combat the Nation's ill-health. The Government mention the reasons why they consider grouped practices cannot represent the whole shape of the new service.[28]

(ii) Health Centres.[29] These would be agreeable to work in for the doctors, recapturing the efficient atmosphere and convenience of the hospital. They will take a long time to build, considering the housing shortage that we have been warned to expect in post-war years, and they will not all be designed on the expansive lines of the Peckham centre. They might for convenience be evolved from the present hospitals, but they must not *be* hospitals or they lose their point.

(iii) Private Practice. The Government is eager to explain that private practice will be continued.[30] This brings us back to the question of what will be the difference between private and the new public practice? Will the public be justified in thinking " What I pay for must be better? " If the patients of the middle-class choose private treatment, it will prove the scheme has mis-fired.

Finance

The financial side of the White Paper needs an expert adequately to criticise it. At the moment one of the disadvantages of the panel system is the size of the panel that is necessary for reasonable remuneration, leaving the doctor to try and scrape together as large a private practice as he can. Now the new General Practitioner Service is to pay in fees £30 million[31], about a quarter of which will have to be allocated to chemists, leaving £22.5 million for the doctors. With a population of over forty-five million this works out at a capitation of ten shillings per man per year. Therefore to obtain a gross income of a thousand pounds a year the doctor will need to take on two thousand patients. Would a larger number of people than this depending on him undermine his efficiency?

There are many little snags in the Government's scheme, such as the shortage of nurses and midwives, without whom medicine would come to a standstill. If there is to be a vast

reorganisation of the medical profession some reconstruction of the nursing profession at the same time would be opportune. And we must not forget the troublesome hypochondriacs, now paying for their sins, who will certainly haunt with delight the new Health Centres and the doctor's dreams.

Taken by and large one's opinion on the White Paper lies in the answer to the question: "Is this the sort of medical world I want to go into?" And for the layman "Is this the sort of way I want to get my medical treatment?" What do you think about it? Write to us and tell us.

References to Pages in the White Paper.

1. Page 5.
2. Page 8.
3. Page 9.
4. Page 10.
5. Page 6.
6. Page 6.
7. Page 6.
8. Page 9.
9. Page 8.
10. Page 13
11. Pages 14, 37.
12. Page 34.
13. Page 35.
14. Page 34.
15. Page 35.
16. Page 36.
17. Page 14.
18. Page 19.
19. Page 31.
21. Page 25.
22. Page 25.
23. Page 25.
24. Page 25.
25. Page 25.
26. Page 41.
27. Page 30.
28. Page 28.
29. Page 30.
30. Page 9.
31. Page 84.

Other Reference.

20. S.B.H. Journal, 1943, Vol. XLVII, page 189.

THE UNRELATED FACT

A Defence of a Longsuffering Member of the Community of Knowledge Against the Onslaught of Mr. Editor in His April Number

By P. R. Headley

> " . . . medical training tends to neglect the scientific attitude, and the subject is presented as a mass of poorly related facts . . ."
>
> " . . . it seems a pity that he (the student) is forced to assimilate unnecessary and unrelated facts . . . and that he is thereby unable to acquire a more scientific view."

What is the Scientific Attitude to the "Unrelated Fact"? The above two quotations from last month's editorial seem to show that it would be profitable to discuss this apparently elementary question in spite of the fact that most of the readers of this journal are members of a profession which prides itself on its scientific outlook.

It is unfortunate, but true, that in this "Age of Science" there are many who preach in the name of Science and yet who do not know what it is. At the risk of over-simplification I would suggest that Science consists of:

(1) The Observation of Phenomena.

(2) The Classification of these observations into a number of Generalisations about the behaviour of the world around us.

(3) The Application of the knowledge thus at our disposal to everyday life.

The process of classification consists of discovering the relation of one observation to another. Generalisations are no more than a simple way of expressing the results of classification. Let us consider an example. Supposing that I take a pin and press it quickly and firmly into the skin of Mr. A. I observe that he jumps. And suppose that I try the same experiment on Messrs. B, C and D, and in each case observe a similar reaction. I will then have made four separate observations. I notice, however, that they are all related one to another by the fact that each is concerned with the effect of pricking with a pin, so I will classify these four occurrences in my mind under the heading "Pin-pricking." It is now not a big step to the generalisation that "When people are pricked by a pin they jump." I will leave it to the reader to imagine what possible uses this knowledge might be put to in everyday life. The importance of this example is that it demonstrates that a generalisation is no more

than a convenient way of expressing and remembering a number of observations, so that instead of having to remember the details of the four experiments with the pin, I now have only to recall the one generalisation.

"But surely," I hear it said, "this is only Common-sense." Precisely. Science is common-sense. This is not in accordance with the popular idea of science as an oracle which cannot err. The present tendency is to believe that any statement preceded by such words as "Scientists tell us that . . ." or "Modern Science has revealed that . . ." is an infallible declaration of truth. But science is not a weird and wonderful God to whom we must do homage, it is merely the knowledge of men who have kept their eyes open and used their common-sense. The whole body of scientific knowledge is built up from generalisations similar to that given in the example. But, most important of all, each generalisation is built up from masses of "Unrelated Facts." Therefore let us not be too hard on the fact that is unfortunate enough to be unrelated, for it is the basic unit of all knowledge.

A pile of unhewn stones is of little value till the mason fashions them and the builder puts them in order. They are seemingly useless until they have been made part of an edifice. But it is, nevertheless, these same stones which *are* the building, and without which the workman could do nothing. Similarly, observed facts *are* science. The value of both facts and stones lies in man's discovery of the relation between these units which are at first sight unconnected. Banting was presented with two unrelated facts. One concerned the effect of extract of pancreas on the blood-sugar of animals, and the other was the fact that diabetics had high blood-sugars. Call it chance or intuition or what you will, but he saw the relation between these two observations, and his understanding of this relationship has benefited diabetics the world over.

This discussion about the nature of scientific knowledge may seem very abstruse and divorced from daily needs, but it has a very important bearing on our attitude towards medical education. As far as possible the subject of medicine should be taught in terms of general principles. But clearly there is much knowledge which has as yet defied all attempts to include it within these principles. This knowledge is made up mostly of "Unrelated Facts." If, in our pre-medical and pre-clinical studies, we are taught how to handle facts, and if we gain an understanding of the way in which they may be woven together into the main body of science, then, when in later years we come up against a "mass of poorly related facts" instead of retiring in discomfort before such a formidable array, we should feel competent to deal with them to the best advantage. We may have to reject many in which we can see no wider significance, but we must always be on the lookout for those which can be included in the building of our knowledge and understanding. Instead of bemoaning their abundance we should rather rejoice that building material is so bountifully supplied! Let us then welcome "Unrelated Facts," whether they be in large or small print, and let us strive to see each one fitted into its place, for such is the Scientific Attitude.

* * *

PRE-ROMAN BRITAIN

By D. V. Bates

It is only in the last few years that Archæology has progressed far enough to enable us to piece together the prehistory of this Island in anything like complete form. And although there are many details still to be elaborated, the general picture is fairly distinct.

The geographer and geologist tell us that before man appeared on the scene, the Atlantic coast ran northward from the Pyrenees, outside Ireland, beyond the north of Scotland, and back again to join the continent of Europe in the region of present-day Denmark. The Thames, the Trent, and the Tweed joined with the Rhine and flowed northward to empty into a much reduced North Sea. The British Isles—together with a vast tract of land now under the sea—formed a blunt and inhospitable promontory on the north-western tip of Europe.

While Britain was thus still joined to the continent, tiny bands of food gatherers crossed the landbridge to southern England in pursuit of the reindeer and the woolly rhinoceros. These people, who came across perhaps about 50,000 years ago, have left behind them a few bone implements, but little is known of their mode of life. It has been estimated that the population of these islands at this time was about two hundred people.

The climate now began to change slowly over the course of many hundreds of years, so that

tundra gradually gave place to forests. Changes also occurred in land and sea level, and these islands began to resemble more their present-day appearance. Thus, about 10,000 years ago, a new infiltration of immigrants occurred from Europe. These people had developed the technique of chipping flints, which are characterised by their very small size. From their distribution, it appears that "their makers" lived in temporary camps in the summer, and in winter retired to the shelter of caves. These people were followed by further immigrants who specialised in the art of fishing in the lakes that alternated with the forests. They have left behind them bone fish hooks and primitive harpoons, many of them beautifully fashioned.

During this time, largely because of a more suitable environment, the peoples of Egypt had been advancing culturally at a considerable rate. By about 5,000 B.C., there were communities of farmers living round the Nile, and the so-called "neolithic" revolution had begun. For the first time in history, a community was not forced to wander after its food, and therefore could remain in one place. More food was produced than the community needed, and therefore men could be released from the duties of food production. The invention of the wheel, of the sail, and of the plough, and the development of a priesthood were not long in following.

Such a revolution had to spread, and so the first culture of food producers—as opposed to food gatherers—reached southern England in about the year 3,000 B.C. This culture is called "the Windmill Hill" culture from the site near Avebury where its characteristics were first recognised. These people lived in hill-top camps stretched across the downlands of southern England. They used flints for implements and skins for clothing. They made a rough kind of pottery, whose design is obviously copied from leather models.

That was roughly the state of affairs when, in about 2,000 B.C., these islands were invaded and swept by a vast religious movement that started, probably, in Egypt, and spread over the whole of Europe and beyond. The movement was characterised by the construction of elaborate tombs, and the erection of monuments composed of huge stones—the "megaliths" that give their name to the movement.

The people carrying this religion first reached Ireland from France, and from there spread to the region of the Clyde. Later another group settled in the region of the Severn, and from there spread over the south of England. There are differences in the construction of these tombs in these different districts, suggesting that they represent schisms from some original culture. The burial "barrows" or mounds are long and pear shaped, and contain anything up to fifty individuals. Cremation was not practised.

At this juncture the island, as it now was, was invaded by a roundheaded and aggressive people from Europe. Because of the characteristic design of a drinking cup that was buried with each man, they are called "the Beaker folk." These people, who landed in about 1,600 B.C., organised the country. They were responsible for the developpent of a network of trade routes that covered most of the country, and of which the Icknield Way that runs at the foot of the Chilterns is a good example. They began to exploit the use of metal, and to develop the technique of making bronze weapons. They organised the import of gold from Ireland, and they had shapely and decorated pottery. But what perhaps is more important is that because of their superior resources, they expanded and unified the megalithic religion. Thus it was that they could build Stonehenge as their cultural capital; for they had so organised the country that stones having a special religious significance could be transported from Wales to Salisbury Plain—a colossal feat when the difficulties are considered. They cremated their dead, and buried them in round burrows, or tumuli, a custom that was to last up to Roman times.

This culture fuses gradually with the next which is characterised by a particular design of food vessel. Gold ornaments are also much in evidence. In a grave in Wiltshire contemporary with this culture, were found some segmented beads known to have been fashionable in Egypt in 1,400 B.C.—the first reliable cross check on dates that we have. Pottery and implements of bronze become more elaborate in design, and trade and industry developed steadily for the next thousand years.

The use of iron was exploited early in Central Europe, with the result that in about 500 B.C. the island was invaded by a warlike people from Europe equipped with iron weapons. They quickly spread over most of southern England. The first wave of these invaders built large hill forts—often on the site of an old Windmill Hill camp—which were strongly built and stockaded. Maiden Castle in Dorset is a good example of these forts, and was surrounded by three layers of ramparts over thirty feet high. Excavation also revealed a store of 22,000 pebbles or sling stones for its defence.

A second wave of invaders arrived in about

300 B.C., and were if anything even more martial. They were equipped with long iron swords—an advance in weapon design not previously seen in this country. These people were also characterised by the use of safety pin brooches, many of them beautifully worked in gold. The expansion of trade continued, and small iron bars were in general use as currency.

In 325 B.C., Pytheas, a merchant from Marseilles, was commissioned to sail to Britain and report on what he found. He has recorded that tin was worked at Land's End; that there were hot springs at Bath; that the people of Kent made a kind of beer; and that it was customary for threshing to be carried out under cover owing to the atrocious weather. He also reports that there was a considerable trade in corn between England and Gaul.

In 75 B.C., the first invasion of the Belgae took place, and twenty years later, there was a second wave of the same invaders. The main effect of these people on the culture of the island was to open up still further the existing trade routes.

Thus, when Caesar invaded in 55 B.C., he found, not an island full of savages, but a relatively well organised community with extensive trade connections, and great potentialities for wealth and exploitation.

* * * *

PLANNING FOR SPORT

Now that planning seems to have become a national occupation we might turn our attention to sport. It is obvious that some steps must be taken to raise the hospital's sporting activities from their present low level. This level may in some measure be explained as follows.

1. Of about 300 clinical students only about 70 seem to play any games, despite the excellent provisions made for them to do so. A team representing the hospital at anything consists in the main of a selection from the small band of sporting musketeers who appear at every game. One of the most distressing features of our present state is the absence of recruits to this body.

2. Organisation is not very good. While the sector arrangement makes it very much worse, many of the difficulties would still arise if everyone was in London. It is reasonable to say that good secretaries are born and not made; the system of changing every year inevitably destroys any continuity of arrangements. Any outside club secretary, if honest, will admit that hospitals generally are shocking opponents; because the secretaries are always changing and if they do know him there is no effective way of contacting him in emergency and generally absolutely no help can be obtained from the hospital. This state of affairs is very bad for our reputation; if in addition our standard of play sinks, then very soon we shall be looking for opponents in a much lower stratum of sporting society.

3. All entrants to the medical school fill in a form which among other things has reference to sporting capabilities. Very little use seems to be made of this information, *i.e.*, halfway through the present squash season Mr. X was found to be a first class player; of a retiring disposition, his abilities remained hidden, though no doubt some mention of them could be found on his entry form.

In a recent editorial we were warned that purely destructive criticism was of little value. So having written three destructive paragraphs, here are three constructive suggestions:

(*a*) A permanent full-time paid secretary should be employed. He should keep a watchful eye on all sporting activities and make all fixtures. The secretaries of opposing clubs would then have someone whom they could get hold of easily and have their queries answered.

(*b*) A little active encouragement from above is worth a ton of mixed hard work and cursing from below. The clubs now have some say in this. A ruthless axing of the more obviously redundant officials might encourage the others.

(*c*) A policy of looking for talent. If a man has not learned a game by the time he enters medical school, that is not the time to start teaching him, which is often the state of affairs to-day. This would be largely the job of the secretary mooted in (*a*).

Any more suggestions?

J. H. G.

All contributions for the June issue should reach the JOURNAL *Office by May 8th.*

THE LIFE AND WORKS OF JOHN HUNTER

(*continued*)

By Jeffery Spry Leverton

In the grounds of Earl's Court, Hunter collected an amazing variety of animals. Bulls, leopards and at least one zebra vied with opossums, hedgehogs, pigeons and rabbits for the attention of their keeper. In a large pond he kept almost every kind of fish. Queen Charlotte presented him with a small bull and it was his custom to wrestle with it, both to test his own strength and to discover the animal's method of attack and defence. On one occasion this habit very nearly cost him his life. Later, his two leopards escaped and he carried them back, bare handed, to their cage. It was only after the deed was done that he realised in what great danger he had been and, it is recorded, he very nearly fainted from fright. All these details give a good idea of the complex character of the man. He dissected the bodies of all the species that died and made very many experiments on the living. Two of his buffaloes he harnessed to a cart and was often to be seen travelling to and from his town house in this manner. He was ever anxious to increase his collection and he never let an opportunity go by. There is an amusing story of him in this respect:

He particularly wanted the body of a tiger for dissection but funds were low. He went to Mr. Nicoll, a bookseller friend of his and the following dialogue took place. "Pray, George, have you got any money in your pocket?" Mr. Nicoll replied that he had and Hunter went on, "Have you got five guineas, because if you have, and will lend it to me, you shall go halves!" "Halves in what?" enquired his friend. "Why, halves in a magnificent tiger which is now dying in Castle Street." He got his five guineas.

If ever he came across a travelling showman, he would arrange for the body of any particular animal he had not yet dissected to be brought to Earl's Court on its death. There is a contemporary print (one of many from Foot's illustrated life of Hunter) in the Wellcome Historical Medical Museum, showing Hunter standing up in his buffalo cart bargaining with a rough clad individual in charge of a dromedary and a species of monkey! From all these observations on animal anatomy and physiology, he made copious notes and in 1786 he published his famous work "Observations on Certain Parts of the Animal Œconomy." It should be noted that Hunter never put his ideas on paper until he was more than certain of his theories and experimental results. Of his four masterpieces, his book on the teeth was published eight years after his research into the subject, on venereal disease some fifteen years after, on animal economy some twenty years after and his most famous treatise, "The Blood, Inflammation and Gun-Shot Wounds" was published the year after his death, about thirty years after he laid the foundations of the work during his war service overseas. His Earl's Court house was standing until 1866 when it was demolished. It occupied a site which is now opposite the Metropolitan Railway Station.

In 1767 Hunter was elected a member of the Royal Society, three months before a similar honour was conferred upon his brother. It seems very probable that William had irritated the Society by the publication of his "Medical Commentaries" which was nothing more than a very viscious attack upon all his contemporary medical men. It was some time after his election that John Hunter sent in his first communication to the Society "On the digestion of the Stomach after death". In this year, too, he ruptured his Achillis tendon, it is said while dancing. He refused to keep in bed but was up on the third day, keeping his knee extended and his heel raised with his whole leg supported by bandages. He treated himself, and many of his patients afterwards, in this way successfully. The accident inspired him to make experiments on the stages of union of cut tendons in dogs and so he foreshadowed Stromeyer's work in subcutænous surgery.

On July 7th, 1768, John Hunter was granted the membership of the Corporation of Surgeons, after a viva-voce examination and in this same month his hitherto irregular attendances at the Board Meetings of St. George's Hospital became conspicuously regular, coincident with the grave illness of Thomas Gataker, one of the staff surgeons. On Gataker's death that same year, Hunter was elected one of the surgeons to the Hospital by 114 votes to 42 over his rival Bayford. Earlier in the year, his brother had vacated his Jermyn Street house for his newly built premises in Windmill Street, whereupon Hunter moved from Golden Square and took possession of the house. The ravages of time and of this present war have dealt

hardly with Jermyn Street. Very few of the old eighteenth century houses remain and there is no tablet to record the whereabouts of his house.

He was now forty years old, had a diploma licensing him to practice, a hospital appointment and more than sufficient knowledge of his profession. All that he required to complete his happiness was a wife. On the 22nd of July, 1771, at St. James's, Piccadilly, he married Anne Home. He had met his future wife as far back as 1763 when he returned from abroad, for he had served in Portugal with her father who was surgeon to Burgoyne's Regiment of Light Horse. On his return to England he had visited her home in Pall Mall on many occasions, so it may be presumed that they had been engaged for about six or seven years. Anne Home was twenty-nine and Hunter forty-three when they married. His wife was a charming and beautiful lady, very fond of gay society and their house was filled often to the extreme annoyance of her husband, with the élite of the town. She was very accomplished and was the writer of several well known songs. "My Mother Bids Me Bind My Hair" which has been immortalised in Haydn's setting, was one of them. She also wrote the words for Haydn's "Creation." On one occasion Hunter returned to Jermyn Street after a hard day's work, to find his drawing-room filled with a noisy crowd of "musical professors, connoisseurs and other idlers whom Mrs. Hunter had assembled." He walked straight in and addressed the company in these words: "I know nothing of this kick-up and I ought to have been informed of it beforehand; but as I am now returned home to study, I hope the present company will retire." The hint was accepted! However much this enforced association annoyed him, it almost certainly improved his manners. He was still very abrupt and inclined to be uncouth and his practice suffered by it. However, in this respect he must have improved immensely between the ages of thirty and forty, for otherwise Anne Hunter would never have waited those six long years for him.

For some time past his relations with his brother had been less cordial than usual. Indeed round about 1780 open dispute broke out between them over their respective contributions to the discovery of the placental structure; this animosity continued unbroken until William's death in 1783. So John's letter to his brother on the eve of his own wedding is understandable and rather characteristic:

"Dear Brother—

To-morrow morning at 8 o'clock and at St. James's Church I enter into the Holy State of Matrimony. As that is a ceremony which you are not particularly fond of, I will not make a point of having your company there. I propose going out of Town for a few days; when I come to Town I shall call upon you.

Married or not married, ever yours,

John Hunter.

Jermyn Street S,aturday evening."

The honeymoon was spent at Earl's Court and he paid the expenses of his marriage out of the proceeds of the first part of his "Treatise of the Natural History of the Teeth," which had appeared the previous May. By the middle of the next week he was back in London and hard at work.

At least one reason for the postponement of the marriage was that in May, 1767, he had inoculated himself with syphilis. Peachey states that it was done inadvertently but there is no doubt that it was a purposeful action and, considering that its effects were then known only too well, an action of a very brave man. He set out to find whether the poison of gonorrhœa was identical with that of syphilis. On a Friday in May he obtained some pus from a patient suffering from gonorrhœa and deliberately inoculated himself with the poison. The sites of insertion quickly ulcerated and the appearance of a bubo suggest that the pus may have contained Ducrey's bacillus, causing two soft sores. *Spirochæta pallida were also present,* for his right lymphatic glands gradually enlarged and ulcerated, accompanied by ulceration of the tonsil. By September he had copper coloured spots on his skin and a rash that appeared aand disappeared several times. He used mercury to defeat the disease "taken in a sufficient quantity and for the proper time" as he afterwards said. "The time the experiments took up from the first insertion to the complete cure, was about three years." To him it was a perfect experiment and he controlled the symptoms for just the length of time he required to gain all the information he could. When he was satisfied, he increased the dosage of mercury and, was he thought, finally completed the cure. In the light of modern knowledge, his mercurial treatment must have been insufficient and he lived on to suffer the effects of syphilis of his arterial system (combined with angina pectoris) and cerebral syphilis. There is no evidence that he communicated the disease to his wife but it is noteworthy that of his four children, two died in infancy, two died without progeny and none was possessed of particular talent. It is sad

to think that by this pathetic and yet magnificent experiment he shortened his own life and was probably the factor in the extinction of his own line. How very truly did Sir D'Arcy Power in the Hunterian Oration of 1925 refer to John Hunter as "one of the great martyrs to science."

For twenty years after his marriage he was one of the busiest men of his profession. His ever increasing private practice, his appointment to St. George's Hospital, his collection and his numerous writings took up all his time. He took but one holiday in all these years, at Bath, and then only for reasons of health. He spent every penny he earned on increasing his museum and was therefore continually embarrassed financially. Added to this he suffered latterly from anginal and cerebral attacks. In spite of these handicaps his vitality never waned and his enthusiasm mounted year by year. In 1783 the lease of his Jermyn Street house ran out. In any case it was proving too small for a growing family, staff and museum. He took over the lease of No. 12 Leicester Square, together with the corresponding house fronting on to Castle Street (now Charing Cross Road) and the intervening land. On this land he erected a lecture theatre and a "conversazione" room with above them, a museum 52 feet by 28 feet, lighted from the top with a gallery all round. He is said to have spent some £6,000 on this purchase. The house was next door to Hogarth's and although a tablet commemorates Hogarth's residence, there is none to suggest that Hunter ever lived in Leicester Square, still less to suggest that here he did some of his finest work for the cause of humanity and delivered most of his incomparable lectures. In his day, Leicester Square was a residential spot with some ten private houses clustered together on each side. A night club now occupies almost the exact site of No. 12—his house was demolished in 1897, having last been used as the headquarters of the Middlesex Volunteer Artillery. There is a tradition that R. L. Stevenson modelled the house and museum of Dr. Jekyll on the lines of Hunter's house in Leicester Square. It was here that in 1785 he founded the Lyceum Medicum Londinense with himself as president, a society, says the wily Foot, "for disputation, where all were of the same opinion and which consisted of all the same members who visited his levee." The society met every Sunday evening and "were regaled with tea and coffee and treated with medical occurrences.'

On the death of Percivall Pott in 1788, he became undisputed leader of his profession and patients flocked to his house in Leicester Square and to St. George's Hospital for his advice. He was invariably courteous to all his patients, whatever their estate, often keeping "grandees" (as he called them) waiting, while he attended to a poorer patient. On the door of No. 12, this great man—caring so little for his numerous degrees and so little for public acclaim, was content to place a small brass inscribed simply "John Hunter."

At St. George's Hospital he worked hard and conscientiously but he was never a fine surgeon; if anything he was somewhat rough and ready in his methods. With one exception he devised no new surgical technique, but was content to carry out the routine practice of his day. The exception was the treatment he devised for curing popliteal aneurysm. This disease, extremely common in the eighteenth century, is now very rare indeed. The practice hitherto, had been to ligate the sac above and below but this technique, whether due to rough surgery or to lack of asepsis, almost invariably led to gangrene and a high amputation. Hunter had been given permission to make experiments on the deer in Richmond Park. He was led to make an experiment by his interest in the manner of normal growth and shedding of the antlers. In July, 1785, he tied the external carotid artery of a deer and noted the changes in the antler. To his surprise, after a preliminary cooling, in a few days the horn was warm and growing again. He had the buck killed and brought to Leicester Square. On dissection he found that the ligature had not slipped as he thought but that collateral vessels had enlarged and were carrying on the normal blood supply. After much thought, he applied the principles to a case of popliteal aneurysm and found that, as with the antler, the limb first cooled and then regained its warmth and vitality and that all pulsation in the sac had ceased. After several experiments he abandoned his original plan of tying both artery and vein and ligated the artery above. A subsequent patient with this technique lived a further fifty years. On this patient's death in 1837 his limb was procured for the Royal College of Surgeons. It was found that "the vein was pervious, the artery obliterated, the tortuous anastomosing vessels well seen and the aneurysm represented by the small calcareous body not larger than a filbert." In this way Hunter was instrumental in saving hundreds of limbs that would otherwise have been amputated and his operation did more than anything to spread his fame throughout Europe.

He did not get on very well with his colleagues at the hospital. This is understandable because he must have been a difficult man to become friendly with; pugnacious, dogmatic, a little conceited perhaps, and full of scorn for men less clever than he was or for those who would not agree with his own views. Before long he was engaged in a violent quarrel over the question of dividing the pupils' fees between the various surgeons. It may be noted that since his arrival at the hospital the number of students had increased and that he had far more dressers than any of the other surgeons. This quarrel, in one form or another, extended right to his death. However, there must have been one period during which he was held in high esteem by his colleagues, for the Hunterian Society possesses a magnificent gold watch inscribed "Presented to JOHN HUNTER by the staff of St. George's Hospital, London." On the back is written "Left to my friend Charles James Fox, M.P., 1793."

Considerable doubt exists as to the precise date upon which John Hunter commenced to lecture. It would seem that he started somewhere about the year 1770. In later lectures he said himself, "In the years 1772, 1773 and 1774 I had frequent opportunities of giving my opinion in private," and he goes on to say "but what more than all induced me to lecture was the great advantage everyone finds by putting his thoughts into writing." By 1775 he was determined to start his own school of anatomy and deliver lectures for a stated fee. Hitherto his addresses had been given to his private pupils without any charge. On May the 24th, he wrote to Jenner: "My scheme is to teach natural history in which will be included anatomy, both human and comparative . . . I know the scheme will be to your taste." However, Jenner's reply was unfavourable and, disappointed, Hunter dropped the idea for a while; but in the autumn the following advertisement appeared in "The Gazetteer" and "New Daily Advertiser" of the 9th October:

> "On Monday, the 30th inst. John Hunter, Surgeon to the Army and to St. George's Hospital, will begin to read lectures on the Principles and Practice of Surgery. The lectures will be continued through the whole winter on Mondays and Fridays and occasionally on Wednesdays, at 7 o'clock in the evening. As no repetitions of the same lectures, called a second course, will be given, those gentlemen who mean to attend will see the advantage of entering at the beginning. Proposals may be had at his house in Jermyn Street, St. James's. N.B. No admittance without a ticket."

After this first advertisement, a very similar one appeared every year at the end of September of beginning of October. Even in 1793, only sixteen days before his death, the usual notice was given. The course consisted of something like one hundred lectures and lasted until April. The fee was the astonishingly low sum of four guineas. Even then, Jesse Foot said: "The terms were high and the introductory lecture was not open . . . I declined being his pupil." In lecturing, John was the very antithesis of his brother. The latter was renowned for his smooth, polished and powerful oratory, his portrait by Reynolds shows this very well. John Hunter, despite a good deal of experience, never improved his manner of delivery. He was always extremely nervous before the start of a course and used to take a draught of laudanum to calm him. He read his lecture word by word from the paper. Only those who have endured a course of lectures given in such a way know how irritating this can be. Despite this handicap, his fame spread. He may have read his lectures but written on the paper was some of the soundest medical logic and wise deduction from experimental results yet heard. In all his lectures, although occasionally making a mistake in deduction, he never made one of observation. The popularity of his lectures waxed and waned throughout the years. In some courses he had as many as fifty in the audience; in 1786 he had twelve and it is related that in another yearly course the number had sunk to one! Nothing perturbed, Hunter told the attendant to fetch in the skeleton (was it that of O'Brien?—somehow one hopes so) and was thus able to begin in the traditional manner, "Gentlemen."

Among his numerous pupils must be mentioned the following names:—Jenner, Astley, Cooper, Abernethy, Parkinson, Home and Physick. All these men were destined to become famous. Jenner's exploits need no mention here. Abernethy was an early pupil of Hunter and in later life he started lecturing to pupils in his own home, very much in the style of his Master. The success of his lectures was so evident that it was the main cause which induced the Governors of St. Bartholomew's Hospital to build a lecture theatre in 1791 and here he began to lecture in anatomy, physiology and surgery. So he became the founder of the Medical School and through him the Hunter's teaching came to "Bart.'s." He also applied the technique of Hunter's aneurysm operation to cases of external iliac aneurysm. It is re-

corded that he performed this operation four times, twice with success.

Everard Home was his brother-in-law and had been a small boy at Westminster School when Hunter was addressing himself to Anne Home. In later years he was knighted. On Hunter's death he received literally a cartload of unpublished MMS. These he used for his own benefit, making use of much, if not all, of Hunter's ideas for his own works on comparative anatomy. Not content with this, he consigned the whole lot to the flames; this vile deed robbed the world of the greater portion of Hunter's works, as well as Jenner's letters to him.

Dr. Philip Syng Physick went to Philadelphia at an early age, to become later, the "Father of American Surgery" and through him the Hunterian Doctrines were disseminated on that side of the Atlantic.

(*to be continued*)

THE ANAEMIAS: AS HEARD AT HILL END.

(1) I met a man. Old friend of mine. "I've got anæmia," he sez. "My friend," sez I, "your trouble is not your anæmia, but your alcoholic cirrhosis of the liver which has caused it."

"By God," he sez.

"No, not by God. By portal obstruction and piles."

(2) Now first of all, the important thing in P.A. is not the C.I., but the M.C.D. and the M.C.H.C. of the r.b.c. Equations have been determined to show that the modal value of the E.M.F. is related to the intake of L.B. . .. .

"STUDENT."

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

BLACKBURN, G. "Surgery in the Field." *Lancet*, Mar. 18th, 1944, pp. 361-365.

GASKELL, J. F. (and Bowen, W. H.). "Two Cases of Purpura Hæmorrhagia." *Clin. J.*, Mar.-Ap., 1944, pp. 43-46.

LEISHMAN, A. W. D. "An Outbreak of Smallpox in British Troops with a note on the Use of Sulphathiazole in Treatment." *J. Roy. Army Med. Corps*, Feb., 1944, pp. 58-62.

LONGLAND, C. J. (and Lipmann Kessel). "The Parachute Surgical Team." *Lancet*, Mar. 18th, 1944, p. 381.

MANSELL, R. A. "De Excretico Comburendo or Auto-Da-Fece in the Western Command." *J. Army Med. Corps*, Feb., 1944, pp. 76-80.

OAKLEY, W. (and Lawrence, R.D.). "Control of Very Severe Diabetes by a New Arrangement of Insulins." *Brit. Med. J.*, Mar. 25th, 1944, pp. 422-423.

PARSONS, Sir J. H. "Teaching and Research in Ophthalmology." *Brit. Med. J.* Mar. 25th, 1944, pp. 430-431.

RADCLIFFE, W. "The Blood Pressure in Midwifery." *Brit. Med. J.*, Mar. 11th, 1944, pp. 354-358.

RAVEN, R. W. "The Surgical Aspects of Malaria." *J. Roy. Army Med. Corps*, Feb., 1944, pp. 92-96.

TOOTH, G. "Nervous Breakdown in the Navy." *Brit. Med. J.*, Mar. 11th, 1944, pp. 358-360.

TURNER, J. W. A. (and Paterson, J. H.). "Lightning and the Central Nervous System." *J. Roy. Army Med. Corps*, Feb., 1944, pp. 73-75.

CORRESPONDENCE

FROCK COAT

To the Editor, St. Bartholomew's Hospital Journal

Sir,

There is more in the philosophy of dress than the loosely-clad young gentleman who writes from the Abernethian Room appears to realise. This may be the era of impatient youth, bent on iconoclasm and unconventionality, but traditions which die hard have solid foundations and uniform still counts for much.

The policeman in plain clothes is a bulky unimpressive spectacle: all his majesty and authority pass with his disrobing. The panoply of the Royal Horse Guards serves a very useful purpose. Justice seems more certain when administered by scarlet and ermine; and perhaps even the lion tamer's conventional outfit was purposely designed for its intimidating effect. The ass in a lion's skin if he feels like a lion is for practical purposes a lion. If you look the part, you feel the part, you are at your best in the part, and that is why some of us still cling to the well-fitting coat, and trousers with a knife-edge longitudinal fold.

In a desire to be free from the thraldom of uniform your correspondent will presumably not hesitate to be married at Hanover Square in shorts and sweater, an adjustment to the circumstances hardly less logical than attendance on his patients in

sports coat and slacks.

It is implied that the window-dressing of the old-time consultant is superseded by science and efficiency of so high an order that external appearance, sartorial and otherwise, can be completely ignored. That may be—if so, I retire in all humility as a possible has been who perhaps was a never was—or unable to march with the times.

The reference to the silken cylinder of the chimney sweep of Nuremberg and—to come nearer home—the undertaker (*absit omen*!) and the bank-messenger reminds me of the partiality for the dinner jacket by certain "gentlemen" who fear that through their use of "tails" they might be mistaken for waiters.

Yours faithfully,

ADOLPHE ABRAHAMS.

86, Brook Street,
London, W.1.
April 8th, 1944.

EVERYDAY MIRACLE

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

In view of the recent accounts of knotty obstetrical problems in the JOURNAL the following case history may be of interest.

The patient was a Primip. of 35. Past medical history was normal, as was ante-natal examination. The presentation was a vertex, L.O.A., and the head engaged at the 36th week. There was no threatened abortion, A.P.H., Toxæmia, twins or hydramnios.

Labour began at 3 a.m. on March 1st. First stage lasted 14 hours and was normal; there was no premature rupture or sausage membranes. Second stage lasted 30 minutes and culminated in the delivery of a 6½ lb. male infant. Cervix and perineum emerged triumphant. The third stage was normal. The cord was 20 inches long; in it there were neither reef nor granny knots, clove, rolling nor timber hitches. The placenta was neither bipartite, succenturiate nor circumvallate.

The infant had a surprisingly conventional number of arms, legs, eyes and heads. It breathed.

The father was incognito.

The mother was furious.

Yours sincerely,

SARAH GAMP.

B.V.,
Friern Hospital.
March 15th, 1944.

THE EARS OF ALAN TOIS

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

I seem to have put up a major black—I mean, severely compromised myself—with the august Hogarth, who tore me off a strip—dash it! Severely reprimanded me—in your last issue. He suspects he is the "hero" of the humble work of mine that you honoured by publication last March.

There is an uncomfortable literary precedent for all this. Just over three hundred years ago three fellows called Prynne, Burton and Bastwick, got it in the neck for writing things that could be taken both ways about the bishops. The outraged ecclesiastics let them off with life imprisonment, a fine of £5,000, and having their ears removed in the Palace Yard. Prynne defeated part of the sentence by having had most of his ears cut off four years previously, that time for writing derogatory things about the stage. However, we read with gratification that the path to the operation was strewn with flowers, and an angry yell went up from the sympathetic onlookers when the remnants of Prynne's pinnae were sawn off. The only other point of resemblance is that Prynne wrote hard all day long, with his servant "bringing him ale and a roll every three hours to refocillate his wasted spirits."

Luckily Hogarth ran for the writing-desk instead of to his lawyers, allowing me to explain in comfort what I might have had to mumble out in the dock at the Old Bailey, charged with sedition, libel, alarm and despondency and all kinds of terrible things:—

First, I have never (such is the misfortune of the rising generation) set eyes on the famous Hogarth, so really cannot be expected to know if his complexion is carbolic, coal-tar or palmolive.

Secondly, I think service slang, like all other affectations, needs a gentle leg-pull occasionally.

Thirdly, I deeply apologise, as the papers say, "for any inconvenience that may have been caused him."

And fourthly, the whole thing was the product of my disordered imagination, occasioned by the reference of an R.A.F. patient to his sacred notes as "My —— gen sheets."

Yours very sincerely,

ALAN TOIS.

The Abernethian Room.
April 6th, 1944.

At HILL END

An even deeper gloom ebbs sluggishly round the drab passages of Hill End. Our friends of the past year shamble down the drive, a suitcase in either hand, their old creased macs flapping mournfully behind them, on their way to the hurrying mechanical torrents of continuously repeated humanity among which they have been condemned to live. We who are left behind sit in the heavy silence of an interim when the clock stops ticking, when the piano is obtrusively silent and the crumpled paper on the other end of the greasy sofa becomes an animate thing in the still lifelessness of its environment. In this atmosphere we think of a month of bits and pieces broken up by a fierce and quite inexcusable passion to work for

exams on the part of the nurses, by the equally fierce and quite uncontrollable borborygmi on the part of our dysenteric inwards and by the busy preparation for the play "Robert's Wife," about which it is not our business to write. These obstructions, combined with the usual prevalent apathy made the only other social event of importance, the Bal Masque, a complete flop. (Except for those who took the immense trouble to enjoy themselves.) Ignoring the temptation to expand humorously on these sparse events of a featureless past, we turn to the future with the pious hope that those coming to join us will participate wholeheartedly in all the social activities of the hospital and that they will realise from the start the essential truth in the well-known axiom "If you want anything done, do it yourself."

P. J. B.

* * * *

"ROBERT'S WIFE"

(St. John Ervine)

The so-called discussion play is a medium of dramatic expression that has had considerable influence on the theatre since the original production of "A Doll's House." Ibsen was the first dramatist to relegate action to the position of a by-product. This device, developed by Shaw, has since been attempted by many others.

"Robert's Wife," although it falls into this category in a wide sense, remains throughout unsure whether to be a slight comedy of manners or a profound human document. Luckily it is saved from having to make the decision by the fortuitous arrival of a cheque for £5,000 which enables the work of the clinic at Cumbermere to continue, sets the Vicar on the road to the Palace, and conveniently brings the play to a somewhat abrupt close. Surely the important social issues hinted at in the play deserve a less summary dismissal. The arrival of the cheque is a little reminiscent of the appearance, in the nick of time, of the mortgage money.

The Hill End Bart.'s Dramatic Society gave a very creditable performance of this difficult play. In "Robert's Wife" there is nothing with which the amateur player can cloak his inexperience—no broad comedy to divert and very little dramatic action to distract from the main theme.

As Robert Carson, the Vicar of Cumbermere, John Cozens-Hardy had the advantage of an excellent speaking voice, and gave an unforced and pleasing performance of a man who could be tolerant and sympathetic without being either long-suffering or unctuous. He is beset with problems, barriers that stand between him and the Deanship of Winterbury, but he wrestles with them with a true Christian philosophy and a pound of Parson's Pleasure. Such stuff as Deans are made on.

His major problem, of course, is his wife whose enlightened activities as Medical Officer in charge of the town's birth control clinic threaten to jeopardise his future in the Church. Kathleen Rees played the attractive and earnest Sanchia Carson with considerable skill and charm and, if her age put her at a disadvantage in portraying a woman so much older than herself, she gave no evidence of it.

Another of Robert's problems is Bob, his pacifist son, who is arrested for sedition. This part was very well played by Robert Ballantine with all the youthful ardour and misplaced zeal of an undergraduate with a Idea. As Bob's fiancée, Kathleen Simmons was wholly admirable and gave a delightfully assured performance as the one practical person in a profoundly disturbed household.

Richard Griffith, as the Bishop of Winterbury, the epitome of religious freedom, gave an impish, Jack-in-the-box quality to a performance which could well have been more sedate. His diction was very clear and his mannerisms well chosen. His performance was a suitable contrast to the narrow bigotry of the Rev. Arthur Jefferson (Roger Dixey), obstinately wedded to the theory that sex in any form was Devil's work. Roger Dixey gave a studied, satirical performance in this part that gave a much-needed fillip to the last act of the play. Here at last was our Villain, as smooth and as menacing as any Spanish Inquisitor, and as sincere—the more dangerous for that.

In the smaller parts, Pat Birkinshaw, as Anne the Parlourmaid, was pleasantly convincing; Peggy Hewlitt, as Mrs. Jones, the mother of an erring son, neatly played by Noel Heneghan, showed a good sense of character acting but lacked much of the fire of a mother determined to protect her only son from a witless wife.

Other parts were played by Vera Godfree as

Mrs. Armitage, Audrey Ronaldson as Miss Orley, and John Rogers and John Buchanan as the Detectives.

"Robert's Wife" was produced by Harold Yauner, who clearly appreciated the arguments of the play and who deserves credit for creating, with a large cast, such a striking atmosphere of unity and sincerity. The main production fault lay in the lack of emphasis on movements and grouping and on exits and entrances which were headlong and unrehearsed.

The scenery was devised and executed by Peter Banks and J. Pavey-Smith who, as purists in the art, believe that a church clock, however distant, should not always stand "at ten to three."

J. R. N.

At CAMBRIDGE

Cambridge news this month is mainly confined to sporting activities, and, apart from these, it only remains for us to report a Students' Union Meeting, the first to be held since the new representatives took office. The election of these representatives was organised by the retiring Senior Secretary with almost as much enthusiasm as was being displayed a few miles away at Bury St. Edmunds by the party organisers from our distinguished counterpart at Westminster. Unfortunately, owing to fuel rationing, no transport was available to convey electors to the poll (a Biochemistry lecture), and thus it is regretted that many still remain both unpolled and "un-signed up." From all this D. J. R. Morgan emerges as Senior Secretary, M. M. Whiteley as Junior Secretary, and E. Andrews as Treasurer.

We would now like to avail ourselves of the opportunity (the first that we can recall) to congratulate the Boat Club on their success in the "Lents." They made two bumps in three days' racing and, inevitably, "would have bumped on the other day too, if only . . ." Be that as it may, their efforts and style were most spectacular, particularly on the third day when the R.A.F. astern were left, almost literally, rocking in the mighty wash. This term Bart.'s seems to be a prolific supplier of coaches on the river, though their loyalties are somewhat scattered, and we take no responsibility for what one of them said when he was knocked off his bicycle by a female spectator (*i.e.*, ran her down) at a rather crucial moment. Is it necessary to add that the club broke training in the traditional manner on the Saturday evening?

Unfortunately repeated requests for a report of his club's activities have failed to rouse the Rugger Secretary, who only replies by asking how far it is to Ceylon. It appears, however, that having won the first round of "Cuppers" against Emmanuel, we were beaten in the second by St. Catharine's, being rather unfortunate in that we lost the services of our captain after half-time. Further information than this we have been unable to obtain.

Anatomists will, no doubt, be pleased to hear that this month's most notable remark comes from the physiologists. Prof. H——e (during a physiology lecture), "When I want mental refreshment I turn to Gray's 'Anatomy.'"

P. J. C. C. and D. K. T.

SPORTS NEWS

RUGGER

The absence of reports from the past two JOURNALS was due to there being apparently no one capable of writing up the games in the absence of our reporter player. Possibly those who did play considered a discreet silence advisable.

A summary of the missing results:—

Jan.	15	v. Wasps. Cancelled.
,,	22	v. St. Mary's. Lost.
,,	29	v. O.C.T.U. Lost.
Feb.	5	v. Oxford. Lost.
,,	12	v. Old Blues. Lost.
,,	19	v. Bedford.*
,,	26	v. R.N.E. College. Lost.

* Scratched as we had not enough players available.

Mar. 5th. v. Public School Wanderers. Won 37—3.

Whether this great improvement could be directly attributed to the return of our scribe is indeed doubtful, the weakness of the opposition being a more likely cause. Certainly the outsides played quite well, and most of the scores came from three-quarter movement. A useful practice game.

Mar. 11th. v. Nuneaton. Away. Lost 10—8.

Two minutes before the train departed there were but 13 players aboard, as the guard's whistle blew the hon. sec. appeared, running well but without the shirts. When eventually released from the luggage van in which he was locked he recovered the shirts from a W.A.A.F., in whose care they had been left. It was obviously our lucky day, as in addition to these feats we managed to borrow a competent spare man to make up our deficiency. A light ball and a strong wind combined to produce a scrappy game. After being in our own half nearly all the game we scored when Pitman ran some 70 yards for an unconverted try. At half-time we were 5—3 down. A large part of the second half was spent in our territory, where only fiendish defence kept the opposition at bay. We scored next when Hunt made a tearaway break in the centre, eventually passing to Jones, who scored; Hawkes converted. Very shortly after they scored another goal, so regaining the lead. Despite considerable efforts we could not score again, though two rushes looked as if they must do. One might fairly say, "Unlucky to lose."

Mar. 18th. v. Middlesex Hospital. Lost 21—5.

Pitman being unable to play Hawkes returned to fly-half. We were interested to observe two of our opponents vice-presidents on the touch-line; they were no doubt amply repaid for their long and arduous journey, since they saw their pupils give us a neat lesson in how to play fast open rugby. Despite the absence of two of their largest and best forwards they got plenty of the ball, with which their outsides did very much as they liked. The essence of our defeat lay in the fact that the opposing centres were yards faster and considerably fitter than ours; a criticism which probably applied to the whole side, but in their case the results were more apparent.

Mar. 25th. v. Coventry. Home. Lost 32-5.

One Sunday paper remarked of this game that "Bart.'s did not play badly but were not quite good enough," which was a very accurate statement. The main difference lay in that when a Coventry man broke away there were always several of his colleagues backing him up; whereas any breaks by our players were usually single-handed. Another great point was that it is, was, and always will be useless to try tackling a 14-stone man by his ears. With this exception the pack did very well against heavy opposition, Mathew getting us quite a share of the ball; Anderson performed prodigies of valour in the line out. Hawkes and Pitman combined quite well at half-back, the former seems to be adapting himself quite well to the scrum position. Pitman made several good dashes, usually unsupported. Gibson had somewhat of a field day, fielding and kicking with considerable accuracy and was unluckily outside the upright with a long drop kick.

Concensus of opinion amongst the spectators was that the score flattered the winners.

April 1st. v. R.A.A.F. Won 12—8.

The ground was again iron hard, though our opponents considered it soft judged by their standard. As a game it was a mixture of very good and very bad. The good parts being individual efforts and the bad bits anything that required combination. Thus the pack were excellent in the loose. Corbett, Wood and Richards being prominent in many good rushes, while the tight scrums were ragged. The outsides likewise did good things individually, but oh, the passing! Both wings, Ballantyne and Juckes, ran with commendable determination when they got the ball, the latter being responsible for two tries. Our third try was scored by Pitman after a long rush. Hawkes was unsuccessful with all three kicks, but did land a penalty; he also had the mortification of seeing another long one hit the cross-bar. Gibson was wide of the upright with two drop kicks—in fact with a little luck or wider posts we should have scored a lot.

Both the opposition tries were from mistakes made on our line, and I shall always maintain that it is easier to heel than to wheel.

SOCCER

v. Battersea Polytechnic. Lost 3—0.

Playing with ten men and without most of our regular forwards, we did well to prevent our opponents from scoring more often. Against a fast and clever forward line our defence was constantly engaged in breaking up their well-combined attacks. Jimmy Robinson had many little personal battles with the right winger, and at the finish emerged sharing the honours. We managed to lure John Atteridge from his piano long enough for him to deputise for Murley at centre-half, and fortunately for us his feet were as well co-ordinated as his hands, and he gave their centre forwards very little scope.

At half-time we were one down from a very good goal indeed. The ball came in from the right wing and a first-time header put it out of even Dallas-Ross' reach.

In the second half their forwards still kept us pretty busy, and on two occasions broke through and scored. Our own forwards never really got going, and when they did seem likely to score their shooting was a trifle inaccurate.

As a small consolation, may it be recorded that we emerged triumphant in the game of darts which followed.

v. St. Mary's Hospital, Saturday, April 15th. 2nd Round of Inter-Hospital Cup. Won 6—0.

As we had drawn a bye in the first round, this was our first appearance in the 1944 cup. We had got together the strongest team yet fielded this season, it being made up of about equal parts of the very successful pre-clinical side from Cambridge and the clinical side from Bart.'s itself.

After being kept waiting for half an hour by our

opponents, they being no doubt unaccustomed to any Bart.'s side arriving in time—it can have happened few times before—we kicked off with the wind, and five minutes later with the rain. This latter made the new ball extremely greasy, making ball control very difficult throughout the game. We attacked right from the kick-off and almost immediately forced a corner. For the first ten minutes the ball was entirely in the Mary's half, and we came near to scoring several times, once from a free kick just outside the penalty area, but their goalkeeper, playing well, and our erratic shooting prevented this. Mary's now made an occasional sortie into our half, during one of which Ross had the only actual shot he had to deal with during the whole match. After some twenty minutes McClasky opened the scoring from a pass by Mangan, and half-time arrived with the score still 1—0. The Mary's defence played well to keep us out, but it was mainly due to our forwards cramping each other and shooting and passing astray that we didn't score more.

After the re-start Adams at centre-forward played well to the right in order to draw their centre-half away from the left side of the field and to give our left wing more room in which to manœuvre. This immediately had results, and for 20 minutes at the start of the second half there was some extremely good play—far better than Bart.'s have ever managed before this season. Our second goal came when a long centre by Mangan was accidentally deflected into the Mary's goal off the head of one of their backs, and our third when Burns centred for Van Zwanenberg to slip it neatly into the far corner of the net after each of the other forwards had missed the ball in turn. We soon scored again through McClasky from a pass by Cartledge, who throughout the game played extremely well both in attack and defence making very good use of the pass back from his inside-forward—a movement really neglected until this match. He was jointly responsible for our next goal, when Mangan scored off one of his passes. Despite this steady stream of goals Mary's did their share of attacking, but were always broken up before any ball reached our goalkeeper. Shortly before the final whistle Adams scored one last goal after Burns had hit the crossbar with a long shot from the wing, leaving us winners by 6 goals to nil.

The whole side had played better than at any time this season, with McClasky and Morgan outstanding in the forward line. Murley, with the knowledge that his passes would not be wasted on a barren forward line, played his usual forceful attacking game at centre half, whilst Robinson, showing a great turn of speed at left back, was always prominent and safe.

Team.—W. P. Dallas Ross; R. S. Pine, J. O. Robinson (capt.); L. Cartledge, A. H. G. Murley, D. L. Griffiths; D. F. Van Zwanenberg, K. A. McClasky, D. C. L. Lane, M. K. Mangan, H. J. Burns.

HOCKEY

Mar. 18th. v. The Metropolitan Police, at Imber Court ground. Lost 3—2.

It was a pleasure to renew our acquaintance with the Metropolitan Police after a lapse of two seasons. Our opponents started with a lucky goal within the first few minutes of the game. After some even play Harrison scored from a free hit at an almost impossible angle. The Police were only prevented from scoring another goal before half-time by the encouraging exhortations (in no mean terms) of our stalwart goalkeeper.

The half-time interval was notable for the production by the Police of a lemon, this no doubt being due to their complete control of the Black Market. Early in the second half, our opponents scored from a penalty corner. These were very numerous and would have resulted in more goals against us had not Ellis almost occluded the goal mouth. Numerous aggressive sorties by our forwards followed, until after a speedy dribble up the left wing Fyfe equalised the score. The game then became rather scrappy until a few seconds before time, when their left back came up to score from another penalty corner. Fison, as usual, played a very commendable game.

Team.—R. Ellis; P. Osborne, J. P. Lucas; C. Todd, L. Fison, J. Cozens Hardy; H. M. Giles, J. D. Andrew, K. O. Harrison, D. Brazier, A. E. Fyfe.

Mar. 25th. v. The Chameleons, played at Sudbury Hill. Lost 3—2.

The team was not fully represented, so we welcomed Roxburgh on his first appearance on a hockey field, and also Gillies, who had played before. We were seriously distracted during the first few minutes by the unaccustomed sight of female hockey players on an adjoining field. Having recovered from this Brazier, after some skilful dribbling, put the ball into the goal. The rest of the first half was uneventful except for various skirmishes in both circles.

Early in the second half Holmes, who had been cogitating on the right wing, developed some pretty attacks into the opposing circle, one of which resulted in a very neat goal. Soon after this our opponents retaliated successfully. They continued their pressure and were awarded a penalty bully, from which they scored. Their final goal was scored by the inside-right, who ran through the half-way line shortly before the end of the game.

Team.—P. Sugden; C. Todd, M. Roberts; M. Gillies, L. G. Fison, A. R. Buckley; C. B. Holmes, Johnson, J. D. Andrew, D. Brazier, R. C. Roxburgh.

SQUASH

v. Guy's Hospital. Lost 2—3.

Those who had played in the previous match before Christmas threaded their way through the Guy's underworld confident in their ability to find the squash courts—newcomers to the team followed, expressing increasing lack of confidence in the leadership of their betters; but a brisk half-hour's walk, which took us into all sorts of places we are quite sure are seldom visited by Guy's men, brought us hot and tired to the courts.

The match itself was well worth the walk. Mr. Fraser opened for us, but try as he might he could never make his opponent run quite as far as he had to run himself. But he went down fighting. Brazier, playing a former colleague, was overcome by the memories the meeting brought to his mind, and after scuffling around and doing a lot of retrieving for his opponent left the court having failed once again

to inflict defeat on "Jimmy." Kelly puffed his way around the court, but fortunately was up against another "puffer" and just scraped home. Yerbury disposed of his opponent in his customary manner. Gabril tried hard, but never really looked like winning.

The evening was rounded off with some excellent entertainment in the celebrated "George," and we all but persuaded Mr. Fraser to indulge in the gentle pastime of becoming a cardinal.

v. The Metropolitan Police. Lost 2—3.

Trenchard House had no terrors for us this time, and we marched in with confidence through the front door instead of rather guiltily sneaking in through the back as we did in the previous match, and what is more we arrived at the expected time, so avoiding having to wait 1½ hours for our opponents.

Williams found himself against his former adversary, and once more was mesmerised by that moustache which he swears was two inches longer than a couple of months ago.

Marrett, who has forsaken his long white trousers for utility shorts, which on this occasion had been starched, had a terrific match, but unfortunately just lost. Kelly also had an exhausting match, and although he won he had to be almost carried off the court. Yerbury for once was extended, but nevertheless won. Hughes, who very kindly turned out for us, played very well, but not quite well enough.

The completely unventilated courts at Trenchard House raise an enormous thirst, and we were glad the "peelers" were similarly affected, but were not prepared for their capacity. However, we stuck it out, and what if we were a little boisterous as we passed Marlborough Street Police Court on our way home?

ANNOUNCEMENTS

BIRTHS

HARTLEY.—On February 25th, 1944, at Gravesend Hospital, to Betty (*née* Nullar), wife of Kenneth Hartley, M.B., B.S.—twin sons.

WELLS-COLE.—On March 12th, 1944, to Peggy (née O'Neill), wife of Surgeon-Lieut. G. H. Wells-Cole, R.N.V.R.—a son.

CHANGES OF ADDRESS

Dr. A. W. FRANKLIN, 47, Queen Anne Street, W.1 (Welbeck 1035); Residence, 37, Avenue Road, St. Albans, Herts (St. Albans 4312).

Dr. S. C. HOUNSFIELD, Copping Corner, Bacton, Stowmarket (Bacton 217).

Mr. COURBLANDT MACMAHON, 2, Upper Cortlandt, Wimpole Street, W.1 (Welbeck 2488).

Dr. ALAN S. PORTER, 12, Bearton Green, Hitchin (Hitchin 1012).

Dr. T. H. G. SHORE, Chieveley, Seymour Road, Mannamead, Plymouth (Plymouth 3224).

EXAMINATION RESULTS

CONJOINT BOARD

PRE-MEDICAL EXAMINATION

MARCH, 1944.

Chemistry.
Stanton, T. J.
Deane, W. H. H.
Brown, H. S.
Coombs, G. A.
Vercoe, M. G. S.

Physics.
Stanton, T. J.
Cohen, H.
Norman, M. H.
Leigh, J. G. G.
Hiscox, H. G. E.
Mager, M. E.

Brown, H. S.
Deane, W. H. H.
Whiting, N. E.

Biology.
Stanton, T. J.
Vercoe, M. G. S.
Whiting, N. E.
Brown, H. S.
Norman, M. H.
Cohen, H.
Leigh, J. G. G.

FIRST EXAMINATION

MARCH, 1944.

Anatomy.
McRobert, R. G. A.
Bomonji, T. R.
Forster, A. L.
Dibb, F. R. F.
Glanvill, M. E.

Physiology.
McRobert, R. G. A.
Moser, J. B.
Forster, A. L.

Pharmacology.
Moore, P. H.
Holgate, J. E.

Storey, B. H.
Thompson, J. M.
Seymour, J. C.
Taylor, T.
Rimmington, K. E.
Wells, P. W.
Bulmer, K.
Youngman, R.
Yeardsley, F. J.
Aronson, R. P.
Dossetor, A. E.
Rosenberg, H. N.
Jackman, C. C.
Peck, I. A. W.
Deane, K. R. H.
Davies, G. R.